



# Williamsburg Parks & Recreation

# Youth Softball

**Coach Pitch & Slow Pitch Softball Leagues:** Boys 5 to 14 and Girls 5 to 15.

**Fast Pitch Leagues:** Girls 10 & Under, 12 & Under, 14 & Under and 17 & Under.

**The playing age for all Leagues is your age as of July 1, 2006.**

Girls will need to choose whether they want to play slow pitch or fast pitch. The 14 & Under and 17 & Under seasons will start play in mid-May, after school teams have completed their seasons. **Even if you are playing on a school team, you still must sign up by the February 28th deadline!**

## **Registration Period**

## **February 1- 28, 2006**

### **Registration Fee:**

\$45 for the first participant from each family, \$35 for the second child and \$25 for each additional child.

**At the Recreation Center:** The Quarterpath Recreation Center is open Monday - Friday, 8:00 a.m. to 9:00 p.m., Saturday 9:00 a.m. to 6:00 p.m. and Sunday 1:00 p.m. to 8:00 p.m.

**Online:** Registration available with a valid MasterCard or Visa credit card during the Registration Period only. Visit **[www.williamsburgva.gov/dept/rec](http://www.williamsburgva.gov/dept/rec)**.



**By Mail:** Complete the registration form on the reverse of this page and mail it and your check made payable to Williamsburg Recreation, 202 Quarterpath Road, Williamsburg, VA 23185.



**For more information, please contact Williamsburg Recreation at (757) 259-3760.**

### **General Information:**

1. No Refunds after games begin.
2. The registration fee covers the cost of a t-shirt, hat, certificate and picture that each child receives. The Fast Pitch 14 & Under and 17 & Under teams will not receive pictures since their season starts after the pictures have already been taken.
3. Every player bats and plays in the field in EVERY GAME.
4. Player requests for coaches will not be considered.
5. Requests for specific teammates WILL NOT BE GUARANTEED.
6. The majority of games will be Monday - Friday at Kiwanis Park, Quarterpath Park, Matthew Whaley Elementary School and Magruder Elementary School.

**DO NOT RETURN THIS FLYER TO THE SCHOOL OFFICE!**



"The City of Williamsburg does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation, or disability in employment or the provision of services."



**WILLIAMSBURG DEPARTMENT OF RECREATION  
YOUTH SOFTBALL LEAGUE REGISTRATION FORM**



**PLEASE PRINT**

PLAYER'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

LIVES WITH: ☐ Father ☐ Mother ☐ Both ☐ Legal Guardian AGE: \_\_\_\_\_ SEX: ☐ M ☐ F

SCHOOL PLAYER ATTENDS: \_\_\_\_\_ GRADE: \_\_\_\_\_

<b><u>BOYS LEAGUES</u></b>	<b><u>GIRLS LEAGUES</u></b>	<b><u>GIRLS FAST-PITCH LEAGUES</u></b>
BOYS 8-UNDER (Coach Pitch) <input type="radio"/>	GIRLS 7-UNDER (Coach Pitch) <input type="radio"/>	GIRLS 10-UNDER <input type="radio"/>
BOYS 11-UNDER <input type="radio"/>	GIRLS 9-UNDER (Coach Pitch) <input type="radio"/>	GIRLS 12-UNDER <input type="radio"/>
BOYS 14-UNDER <input type="radio"/>	GIRLS 12-UNDER (Slow Pitch) <input type="radio"/>	GIRLS 14-UNDER <input type="radio"/>
	GIRLS 15-UNDER (Slow Pitch) <input type="radio"/>	GIRLS 17-UNDER <input type="radio"/>

<b>FATHER</b>	<b>MOTHER</b>
NAME: _____	NAME: _____
STREET: _____	STREET: _____
CITY: _____ ZIP: _____	CITY: _____ ZIP: _____
SUBDIVISION: _____	SUBDIVISION: _____
HOME PHONE: (____) _____	HOME PHONE: (____) _____
BUSINESS PHONE: (____) _____	BUSINESS PHONE: (____) _____
CELL PHONE: (____) _____	CELL PHONE: (____) _____

I (We), the below-signed certify (1) That the above information is correct; (2) That in consideration and as a condition of the above identified registrant's participation in the Youth Softball program, I agree to indemnify, defend and hold harmless the City of Williamsburg, its agents and employees from and against any and all liability from injury which I or my child may suffer as a result of or in any connection with or arising out of the registrant's participation in the above program; and (3) That the responsibility for carrying appropriate medical plans, including hospitalization lies with the below-signed parent/guardian.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

***NO REFUNDS AFTER THE GAMES BEGIN  
PAYMENT MUST ACCOMPANY REGISTRATION FORM***

**MEDIA RELEASE:**

I authorize Williamsburg Parks and Recreation Department to reproduce and/or publish pictures or likeness of my child(ren) and I, for the promotion of, or encouraging public participation in, the Williamsburg Parks and Recreation programs. I understand that I will not be reimbursed in cash or in kind now or in the future.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

DEAR PARENT: We are always in need of volunteer help. Coaching takes only 2-3 hours each week and does not require extensive knowledge of softball. Without volunteer coaches, the program would not be successful.

PLEASE INDICATE THE POSITION YOU WOULD BE WILLING TO ACCEPT: **HEAD COACH** ☐ **ASSISTANT COACH** ☐

Name \_\_\_\_\_ Phone Number: Home \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work \_\_\_\_\_

*In an effort to better insure the safety of all children participating in the many programs and activities, the recreation department requires all coaches to undergo a background check. Your cooperation is imperative to complete this process at your earliest convenience since it takes 4 to 6 weeks to process. Please call 259-3760 if you are interested in coaching.*

**T-SHIRT SIZE** Youth Med ☐ Youth Lg ☐ A/Sm ☐ A/Med ☐ A/Lg ☐ A/X-Lg ☐

REGISTRATION FEE PAID \$ \_\_\_\_\_ Check ☐ Cash ☐ Charge ☐ DATE \_\_\_\_\_